

# EXHIBIT 83

## (Part 3)

Invoice

**Hesson**

SSON LANDOVER, #813 PHONE:(800) 638-0314  
POLK STREET DE: 20785 DE: 19973  
MILL PHARMACY #29  
MIDDLEFORD RD DE 19973

ACCT MGR: 518  
BILLING DATE: 2/21/94 R  
01V22010XU  
DEH: M LZCSZZ  
291625 903372 030 024  
CUSTOMER ICN PAGE  
001457052 2

HAZARDOUS MATERIALS  
CODE CLASSIFICATIONS  
LISTED ON REVERSE SIDE

2/21/94 GEN

ITEM NUMBER	QTY ORD UN	ITEM DESCRIPTION	STORE RETAIL	UNIT PRICE	GP %	I D CODE	EXTENS M
3249273	1	EA CLINDAMY CAP 150MG	65.31	55.39	15.2	1 R	55.39
3279262	2	EA COGNEX CAP 10MG	109.80	96.99	11.7	1 R	193.98
2268795	1	EA PREDNISON PED 2.5MG ROX	4.49	3.81	15.1	1 R	7.62
1958321	1	EA MALDECON PED DROP	19.14	16.43	14.2	1 R	126.20
2461648	1	EA JVCN-35 TAB	143.47	126.20	12.0	1 R	126.20
2140234	1	EA CEEZIL SUSP 125MG	18.90	16.62	12.1	1 R	33.24
1291129	1	EA PHOS-FLUR RINSE GRAPE	7.48	5.90	21.1	1 R	5.90
2474013	1	EA DUPHALAC SYR 10GM	8.28	7.02	15.2	1 R	7.02
3279296	1	EA DUPHALAC SYR 10GM	12.86	10.91	15.2	1 R	10.91
2464964	0	EA NITROGLYC CAP 0.5MG GEN	3.50	3.50	0	1 R	0.00
1908385	0	EA MANUFACTURER CAN NOT SUPPLY	23.70	19.04	19.7	1 R	0.00
2198588	1	EA POLY-VI-FLO DROP 0.25MG	11.06	9.64	12.8	1 R	9.64
1253236	2	EA COUMADIN TAB 25MG	83.25	70.60	15.2	1 R	141.20
2100022	2	EA VANCERIL INHALER	36.66	36.66	0	1 R	73.32
1330083	2	EA VANCERIL INHALER	30.22	25.37	16.0	1 R	50.74
1614304	1	EA STADOLIN NASAL SPR	55.52	49.05	11.7	1 R	49.05
3532223	1	EA PRAYACHOL TAB 20MG	173.03	146.73	15.2	1 R	146.73
1404235	1	EA NASALCROM NASAL SOL	20.60	18.20	11.7	1 R	18.20
1887330	1	EA RELAFEN TAB 500MG	97.80	82.93	15.2	1 R	82.93
2701829	1	EA AZMACORT INHALER	41.93	35.19	16.1	1 R	35.19
2484244	1	EA NORVASC TAB 5MG	113.34	96.12	15.2	1 R	96.12
3972767	1	EA BECONASE AQ SPRAY 0.042%	132.30	27.39	15.2	1 R	27.39
1895358	1	EA PREDNISON CAP	26.26	23.19	11.7	1 R	23.19
1144203	1	EA PRED FORTE OPHTH SUSP 1%	32.60	27.64	15.2	1 R	27.64
1833623	1	EA PRED FORTE OPHTH SUSP 1%	32.60	27.64	15.2	1 R	27.64
1833623	1	EA PRED FORTE OPHTH SUSP 1%	32.60	27.64	15.2	1 R	27.64
1268911	1	EA APPROX C	15.36	15.36	0	1 R	15.36
1319391	1	EA RELAFEN TAB 500MG	97.80	82.93	15.2	1 R	82.93
1233675	1	EA AZMACORT INHALER	41.93	35.19	16.1	1 R	35.19
3705324	1	EA NORVASC TAB 5MG	113.34	96.12	15.2	1 R	96.12

THIS INVOICE IS PAYABLE TO  
AT ABOVE ADDRESS. CLAIMS MUST BE MADE WITHIN  
FIVE DAYS AND SHOW DATE OF INVOICE  
TO CERTIFY THAT ABOVE NAMED ARTICLES ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED,  
AND LABELED TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

CONTINUED

# Invoice

ACCT MGR: 519  
BILLING DATE: 2/21/94 R  
OIVZZ01QXU  
GEM: M LZCSZZ  
291625 903372 030 024  
CUSTOMER ICN 001457052  
ROUTE STOP  
PAGE 3

PHONE: (800) 638-0314  
DEA: PD0029567  
BATCH: 003  
DEA: AE6846755  
INVOICE DATE 2/21/94 INVOICE NO. 001457052  
ORD #813  
MD 20785  
HILL PHARMACY #9  
MIDDLEFORD RD  
DE 19973

\*HAZARDOUS MATERIALS  
CODE CLASSIFICATIONS  
LISTED ON REVERSE SIDE

ITEM NUMBER	QTY ORD UN	ITEM DESCRIPTION	STORE RETAIL	UNIT PRICE	GP %	CODE	EXTENS M
1755792	2 EA	VIT B-12 MDV 1000MCG GL 30ML	2.52	2.29*	9.1	1KR	4.58
ITEMS PURCHASED AT LIST ONLY				TOTAL			
				311.68*			

CATEGORY RX ONLY  
SUMMARY  
RETAIL \$ 3113.44  
COST \$ 2677.29  
G.P. 14.0%

*2/21/94*

# McKesson

THIS INVOICE IS PAYABLE TO MCKESSON DRUG CO.  
AT ABOVE ADDRESS. CLAIMS MUST BE MADE WITHIN  
FIVE DAYS AND SHOW DATE OF INVOICE.

LINES	CASES	PIECES
54	0	66

TO CERTIFY THAT ABOVE NAMED ARTICLES ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED,  
AND LABELED TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

HHD019-0784

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HHD019-0784

PAGE 1

ID	TYPE	DATE	INV.	WDC	B/G	DESCRIPTION	QTY	PRICE	TOTAL
DC-UC-1	T	10/31/94	W	00364252216	G	ALBUTEROL SYRP 2MG SCNE 1603	16	24.96	t
DC-UC-1		10/31/94	W	00108490620	B	STELAMINE TAB 5MG	100	107.75	
DC-UC-1		10/31/94	W	00332415732	G	OXACILL O/S 250MG BIO 100ML	100	5.50	
DC-UC-1		10/31/94	W	00003053540	B	THERAGRAM HEMATINIC TAB	90	31.94	
DC-UC-1		10/31/94	W	00002109502	B	TAPACOLE TAB 10MG	100	21.30	
DC-UC-1		10/31/94	W	00028010501	B	BRETHINE TAB 5MG	100	35.16	
DC-UC-1		10/31/94	W	00597006601	B	HEXITIL CAP 150MG	100	73.73	
DC-UC-1		10/31/94	W	00085043102	B	PROVENTIL REPTAB 4MG	100	60.59	
DC-UC-1		10/31/94	W	00005323823	B	LIAC TAB 2.5MG	100	84.41	
DC-UC-1		10/31/94	W	00364050901	G	ISOSOR OR TB 20MG SCNE 100	100	3.20	
DC-UC-1		10/31/94	W	00015785640	B	DYNAPEN O/S 62.5MG	100	8.77	
DC-UC-1		10/31/94	W	00068050861	B	RIFADIN CAP 300MG	100	211.20	
DC-UC-1		10/31/94	W	00005539123	B	ASENDIN TAB 100MG LED	100	202.34	
DC-UC-1		10/31/94	W	00009002201	B	NEURO TAB 8MG	25	19.58	
DC-UC-1		10/31/94	W	00085031502	B	PROVENTIL SYRP	160	32.42	
DC-UC-1		10/31/94	W	00006073161	B	NEVACOR TAB 20MG	60	119.79	
DC-UC-1		10/31/94	W	00071091347	B	LOBSTRIN PE TAB 1/20	140	126.20	
DC-UC-1		10/31/94	W	00087075501	B	ESTRACE TAB 1MG	100	32.84	
DC-UC-1		10/31/94	W	00038013210	B	ESTRIL TAB 20MG	100	83.50	
DC-UC-1		10/31/94	W	00006074061	B	LOCOR TAB 20MG	60	195.76	
DC-UC-1		10/31/94	W	00563168616	B	POLY-HISTINE DM SYR	160	30.51	
DC-UC-1		10/31/94	W	00004196401	B	ROCEPHIN VIAL, 1GM 10ML	10	319.52	
DC-UC-1	Y	10/31/94	W	00472073128	C	CARDAC-DM SYR	128	73.90	1904.87

File: WDC.WQ1

According to Paul Chesser, this data will not be used; do not verify. WDC 4/27/95

T = Traced to envelope

t = traced to invoice

oo = verified to unknown file

✓ = verified calculation

WDC 4/27/95

HHD019-0537

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HHD019-0537



**McKesson**

MCXESSON LANDOVER #813 PHONE: (800) 638-0314  
 7721 POLK STREET DEA: PD0029567  
 LANDOVER MD 20785  
 SOLD TO  
 CVS PHARMACY #0022 DEA: BS3811672  
 320 40TH ST NE CUST ID: F79120  
 WASHINGTON DC 20020

## Invoice

ACCT MGR: 305  
 BILLING DATE: 10/31/94 030 R  
 BATCH: 001 727722  
 DEM: A LZZLZ  
 974824 492460 073 029  
 CUSTOMER ICN  
 INVOICE NO. 003327304  
 INVOICE DATE 10/31/94  
 PAGE 1

DEPT	ITEM NUMBER	QTY	ORD UN	ITEM DESCRIPTION	STORE RETAIL	UNIT PRICE	GP	I	D CODE	EXTENS
AA	3588878	5	EA	ALBUTEROL SYRP 2MG SCHE 160Z	24.96	24.96	.00	1	R	124.80
AD	1456698	10	EA	NOT FILLED COMPLETE - REORDER	107.75	107.75	.00	1	R	107.75
AD	2175388	1	EA	STELAZINE TAB 5MG	5.50	5.50	.00	1	R	5.50
AD	1463561	1	EA	HYALIN D/S 20MG BID 100ML	31.94	31.94	.00	1	R	31.94
AD	1666221	1	EA	THIRAGAN HEMATINIC TAB	21.30	21.30	.00	1	R	21.30
AD	2781672	1	EA	TAPAZOLE TAB 10MG	35.16	35.16	.00	1	R	35.16
AD	1781137	2	EA	BRETHINE TAB 5MG	73.73	73.73	.00	1	R	147.46
AD	3682416	2	EA	PROVENTIL CAP 150MG	60.59	60.59	.00	1	R	121.18
AD	3229671	1	EA	TYL TAB 2 12MG	84.41	84.41	.00	1	R	84.41
AD	1326693	2	EA	YSOR OR 18 20MG SCHE	3.20	3.20	.00	1	R	6.40
AD	1883420	4	EA	DYNAPEN D/S 62.5MG	8.77	8.77	5.4	1	R	35.08
AD	3237062	1	EA	PLEADIN CAP 300MG	211.20	211.20	.00	1	R	211.20
AD	1712447	1	EA	ASININ TAB 100MG	202.34	202.34	.00	1	R	202.34
AD	1657121	1	EA	MEBIB TAB 1MG	19.58	19.58	.00	1	R	19.58
AD	1814862	3	EA	PROVENTIL SYRP	32.42	32.42	.00	1	R	97.26
AD	1844826	2	EA	PROVENTIL CAP 150MG	30.78	30.78	.00	1	R	61.56
AD	3695459	2	EA	NEVACUR TAB 20MG	119.79	119.79	.00	1	R	239.58
AD	2267581	1	EA	LOESTRIN FE TAB 1/20	126.20	126.20	.00	1	R	126.20
AD	1244052	3	EA	ESTRACE TAB 1MG	32.84	32.84	.00	1	R	98.52
AD	1619402	3	EA	ESTRIL TAB 20MG	83.50	83.50	.00	1	R	250.50
AD	1887124	2	EA	70COR TAB 20MG	195.76	195.76	.00	1	R	391.52
AD	2199511	4	EA	70COR TAB 20MG	30.51	30.51	.00	1	R	122.04

THIS INVOICE IS PAYABLE TO  
 AT ABOVE ADDRESS. CLAIMS MUST BE MADE WITHIN  
 FIVE DAYS AND SHOW DATE OF INVOICE.

CONTINUED

HHD019-0538

HHD019-0538

Invoice

306  
030  
ACCT MGR: BILLING DATE: 10/31/94 R  
72722  
BATCH: 001 DEM: M  
974624 492460 073 029  
CUSTOMER ICN ROUTE STOP  
PAGE 2

PHONE: (800) 638-0314  
DEA: PD0029567  
DEA: BS3811672  
CUST ID: F79120

#813  
20785  
MD  
DC 20020  
CVS PHARMACY #0022  
320 40TH ST NE  
WASHINGTON

INVOICE DATE 10/31/94 INVOICE NO. 003327304

MAZZUCHI'S PHARMACY  
CODE CLASSIFICATION  
LISTED UNDER PRESCRIPTION

DEPT	ITEM NUMBER	QTY	ORD IN	ITEM DESCRIPTION	STORE RETAIL	UNIT PRICE	CP	D CODE	EXTENS
DA	2780740	2	EA	ROCEPHIN VIAL 1GM 10ML	108 319.52	319.52	.0	1 R	639.04
AA	2296671	10	EA	CARDEC-DH 500 B/M 128023	73.90	73.90	.0	1 R	739.00

CATEGORY PHARMACY ONLY  
RETAIL \$ 3835.92  
CUST \$ 3835.92  
G.P. 12

*Handwritten signature and date 10/31/2003*

NET PAYABLE BY SINT DUE DATE 3835.92  
GROSS PAYABLE AFTER SINT DUE DATE 3914.20

THIS INVOICE IS PAYABLE TO MCKESSON DRUG CO.  
AT ABOVE ADDRESS. CLAIMS MUST BE MADE WITHIN  
55 DAYS AND SHOW DATE OF INVOICE.

23  
23  
10  
10

PAGE 1

ID	DATE	TYPE INV.	WDC	B/G	DESCRIPTION	QTY	PRICE	TOTAL
DC-UC-6	10/17/94	✓	00085063402	B	DIPROLENE GEL 0.05%	45	44.11	✓
DC-UC-6	10/17/94	✓	00031422125	B	DOWNATAL ELIX 16.2MG	16	20.33	
DC-UC-6	10/17/94	✓	00049561066	B	ATARAX TAB 25MG	100	79.83	
DC-UC-6	10/17/94	✓	00378261001	G	AMTRIP TAB 10MG NYLM 100%	100	3.60	
DC-UC-6	10/17/94	✓	00472073116	G	CARDAC-DE 8YR B/M 160%	16	10.95	
DC-UC-6	10/17/94	✓	00044182502	B	ISOPTIN SR TAB 180MG	100	108.67	
DC-UC-6	10/17/94	✓	00085051701	B	DIPROLENE A.P. CRM 0.05%	15	21.92	
DC-UC-6	10/17/94	✓	00187039431	B	ELDOQUIN-FORTE CRM 4%	1	29.75	
DC-UC-6	10/17/94	✓	00003065540	B	TETRACYCLINE CAP 250MG APO 10%	100	2.65	
DC-UC-6	10/17/94	✓	00364217201	G	NIMOXIDIL TAB 2.5MG SCHE 100%	100	23.25	
DC-UC-6	10/17/94	✓	00187039531	B	ELDOPAQUE-FORTE CRM 4%	1	29.75	
DC-UC-6	10/17/94	✓	00186107509	B	RHINOCORT NASAL INHALE	7	27.00	
DC-UC-6	10/17/94	✓	00884029301	B	FUNGICID TINCTURE	1	8.50	
DC-UC-6	10/17/94	✓	00597007017	B	ALUPENT MDI COMP 15MG/ML	10	18.96	
DC-UC-6	10/17/94	✓	00087077041	B	KLOTRIX TAB 10MG	100	22.08	
DC-UC-6	10/17/94	✓	10812930001	B	MELANEX SOL 30MG	1	11.94	463.29 ✓

Files WDC.WQ1

According to Paul Chesser, this data not used; do not verify. MCE 4/27/95

T = Traced to envelope

t = traced to invoice

✓ = verified to unknown file

✓ = verified calculation

MCE 4/27/95

CONFIDENTIAL

HHD019-0540

HHD019-0540

**Mckesson**

CONFIDENTIAL

MCKESSON LANDOVER  
7721 POLK STREET  
LANDOVER  
SOLD TO  
PEOPLES DRUG CO 54  
1901 WICHIGAN AVENUE NE  
WASHINGTON DC 20019

40 20785

4813

PHONE: (800) 638-0314  
FAX: PD0029567

DEA: B3811646  
CUST ID: F79440

## Invoice

ACCT MGR: 73  
BILLING DATE: 10/17/94 R  
727722  
OEM: M LZZL

BATCH: 001

217356 456540 070 014

CUSTOMER ICN ROUTE STOP

001119290 PAGE 1

INVOICE DATE 10/17/94 INVOICE NO.

HAZARDOUS MATERIALS  
COD: CLASSIFICATIONS  
LISTED ON REVERSE SIDE

DEPT	ITEM NUMBER	QTY	ORD UN	ITEM DESCRIPTION	STORE RETAIL	UNIT PRICE	GP %	I D CODE	EXTENS
CA	3503661	1	EA	DIPROLENE GEL 0.05% 45GM	44.11	44.11	.00	1 R	44.11
AA	1425685	1	EA	DONNATAL ELIX 16.2MG 160Z	20.33	20.33	.00	1 R	20.33
AD	1428283	1	EA	ATARAX TAB 25MG 100Z	79.83	79.83	.00	1 R	79.83
AA	3601846	1	EA	AMITRIP TAB 10MG MYLN 100Z	3.60	3.60	.00	1 R	3.60
AA	1311869	1	EA	CARDEC-DM SYR B/N 160Z	10.95	10.95	.00	1 R	10.95
AD	3447166	1	EA	ISOPTIN SR TAB 180MG 100Z	108.67	108.67	.00	1 R	108.67
CA	1295997	1	EA	DIPROLENE A.F. CRM 0.05% 15GM	21.92	21.92	.00	1 R	21.92
CA	1858447	1	EA	ELDOQUIN-FORTE CRM 4% 102Z	29.75	29.75	.00	1 R	29.75
AD	1463447	1	EA	SUMYCIN 250 CAP 100Z	2.65	2.65	.00	1 R	2.65
AD	3652749	1	EA	MINOXIDIL TAB 2.5MG SCHE 100Z	23.25	23.25	.00	1 R	23.25
CA	1205525	1	EA	ELDOQUIN-FORTE CRM 4% 107Z	29.75	29.75	.00	1 R	29.75
CA	2431971	1	EA	RHINO-CORT NASAL INHALER 7GM	27.00	27.00	.00	1 R	27.00
BE	1897512	1	EA	FUNGOLD TINCTURE 15MG/ML 102Z	8.50	8.50	.00	1 R	8.50
BE	2451565	1	EA	ALUPENT MDI COMP 10MEQ 100Z	18.96	18.96	.00	1 R	18.96
AD	1651395	1	EA	KLOTRIX TAB 10MEQ 100Z	22.08	22.08	.00	1 R	22.08
AD	1748359	1	EA	MELANEX SOL 30MG 102Z	11.94	11.94	.00	1 R	11.94
S U M M A R Y					RETAIL \$	COST \$	G.P. %		
PHARMACY, RX ONLY					463.29	463.29	.0%		
					NET PAYABLE BY STMT DUE DATE				
					463.29				
					GROSS PAYABLE AFTER STMT DUE DATE				
					472.74				

THIS INVOICE IS PAYABLE TO MCKESSON DRUG CO.  
AT ABOVE ADDRESS. CLAIMS MUST BE MADE WITHIN  
FIVE DAYS AND SHOW DATE OF INVOICE.

THIS IS TO CERTIFY THAT ABOVE NAMED ARTICLES ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED,  
MARKED AND LABELED TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

HHD019-0541

HHD019-0541





DC - 4C - 6

Carlos Ortiz  
Director of Professional  
& Government Relations

OPERATORS OF CVS/PHARMACY AND PEOPLES DRUG  
Division of Melville Corporation

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January 6, 1995

Department of Health & Human Services  
Office of Inspector General  
Office of Audit Services  
Three Financial Centre, Suite 510  
900 South Shackleford Road  
Little Rock, AK 72211-3850

Dear Department of Health & Human Services:

Thank you for your letter CVS #0054 located at 1901 Michigan Avenue, N.E.  
in Washington, DC.

Per your request, enclosed is the pharmacy information form, a copy of the  
largest invoice for October, 1994 and a copy of the billing statement.

If you have any questions, please feel free to give me a call at (401) 765-1500,  
Ext. 2640.

Respectfully,

A handwritten signature in cursive script that reads 'Carlos Ortiz'.

Carlos Ortiz  
Director of Professional &  
Government Relations

CO:bab

Enclosure

ONE CVS DRIVE • WOONSOCKET, RHODE ISLAND 02895 • (401)765-1500

CONFIDENTIAL

HHD019-0542

HHD019-0542

Enclosure C

**Confidential**

**Pharmacy Information Form**

Pharmacy Name: CVS # 0054

Address: 1901 Michigan Avenue NE  
Washington, DC 20018

Phone Number: 1- 800- 445- 6050

Contact Person: Carlos Ortiz

Type of Pharmacy  
(Check Appropriate Block(s))

Independent Retail Pharmacy	<input type="checkbox"/>
Chain (four or more stores) Pharmacy	<input checked="" type="checkbox"/>
Other:	
Nursing Home Pharmacy	<input type="checkbox"/>
Hospital Outpatient Pharmacy	<input type="checkbox"/>
Home I.V. Pharmacy	<input type="checkbox"/>
Mail Order Pharmacy	<input type="checkbox"/>
County Public Health Unit Pharmacy	<input type="checkbox"/>
Public Health Entity	<input type="checkbox"/>

CONFIDENTIAL

HHD019-0543

HHD019-0543

TRAYS	CASES	PICKER
6		PC

PAGE 1 OF 11		WAVE 2		MARK STEVEN LG			
STORE NUMBER	SHIP DATE	Li	ZONE	SLIP NO.	TYPE	DATE	INVOICE NO.
4-0054-9	555	5	01		RX -111	10/20/94	#815 0961
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION		SIZE	COST EX COST
STANDARD DRUG COMPANY				MARK STEVEN SERVICE MERCHANDIS			
1901 MICHIGAN AVENUE NE				1 BERRY DRIVE			
WASHINGTON, DC 20018				LUMBERTON, NJ 08048			
DEA - OBS3811646				DEA - ORM0145347			
SHIP THRU =====				PEOPLES DRUG STORES, INCORPORA			
				500 LANSDOWNE ROAD			
				FREDERICKSBURG, VA 22404			
				DEA - ORP0169056			
1		619080	007401	PHENERGN SUPP 25MG		12	27.97 27.97
1		696245	010102	RHINOCORT NASAL IN		7GM	27.00 27.00
1		809897	010103	NICORETTE 2MG		0096	36.22 36.22
1		526731	010104	GOLYTELY		4000	15.03 15.03
1		610360	012103	NITROSTAT 1/150GR		100	6.83 6.83
1		316612	012853	HYTONE CREAM 1PC		0102	8.02 8.02
1		223032	018752	AEROBID INHALER		7G	49.98 49.98
1		124339	018754	ADALAT CC 30MG		100	84.10 84.10
1		558072	019101	NAFTIN CREAM 1 PC		30GM	21.83 21.83
ROUTE NO. 243					CASES		

could not use  
this wholesaler's  
invoice as it  
was at AWP

1  
1  
4  
8

PAGE 2 OF 11 WAVE 22 MARK STEVEN LG

STORE NUMBER	SHIP DATE	LINE	ZONE	SLIP NO.	TYPE	DATE	INVOICE NO.
4-0054-9	555	5	01		RX -111	10/20/94	0961
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION	SIZE	COST	EX COST
2		334524	019103	CECLOR SUSP 250MG	150C	53.95	107.90
1	1	616359	019852	LIDEX CREAM .05PC	60GM	41.37	41.37
1		293910	020151	PILOCARPINE OPT. 1-	15ML	5.30	5.30
1		251777	020203	BENZAMYCIN TOP GEL	23GM	23.47	23.47
1		662650	020205	CHILDREN'S MOTRIN	4OZ	6.18	6.18
1		532622	020801	TEMOVATE OT 0.05-	30GM	28.28	28.28
1		137232	021102	AUGMENTIN 125 SUSP	150C	26.25	26.25
2		224840	022252	ACLOVATE CR 0.05-	15GM	10.40	20.80
1		979666	022301	ULTRAVATE CR	50GM	49.00	49.00
1		304618	022352	NIZORAL CREAM	15GM	12.91	12.91
1		318469	022503	VANCERIL INHALER	017G	28.71	28.71
6	1	318766	023153	ORTHO-NOV 1/35 DPK	0028	22.18	133.08
1		955872	024351	ACULAR 0.5- O-S	5 ML	26.60	26.60
1		326900	025102	ANUCORT SUPPOS-HC	0012	6.24	6.24
1		955856	025104	VANTIN 50MG/5ML	100M	28.38	28.38
1		615401	025202	KENALOG IN ORABASE	5GM	11.69	11.69
4		557272	025203	TERAZOL VAG CREAM	45GM	22.25	89.00
7		289306	025301	NITRO-DUR 0.2MG	0030	38.23	267.61
1		261941	025601	ORGANOIN SOLUTION	30ML	30.22	30.22
2		556241	026403	CLEOCIN T GEL	30GM	19.18	38.36
ROUTE NO. 243					CASES		

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PAGE 3 OF 11 WAVE 22		MARK STEVEN LG		TRAYS	CASES	PICKER		
STORE NUMBER	SHIP DATE	LINE	ZONE	SLIP NO.	TYPE	DATE	INVOICE NO.	
4-0054-9	555	5	01		RX -111	10/20/94	0961	
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION		SIZE	COST	EX COST
1		579235	026502	SPECTAZOLE CREAM		30GM	18.72	18.72
3	3	340083	026602	PILOCAR TWN PK 4PC		2X15	17.82	53.46
1		810549	026752	EFFER K 25MEQ DRNG		30	6.95	6.95
1		193680	026853	QUESTRAN PWD/CAN		378G	34.79	34.79
1		293381	027103	LOTRISONE CR		456M	33.80	33.80
6		147710	027104	ORTHO-NOV 777 DPK		0028	22.31	133.86
6		189373	027605	ORTHO-CYCLEN 28		28	22.30	133.80
1		745950	027805	NAPROXEN 500MG		100	105.31	105.31
1		897421	028654	NEO/POLY/HC OTC SP		10ML	7.24	7.24
1	1	602359	028852	PREMARIN VAG CR WA		1.5Z	30.50	30.50
1		968230	029802	LAMISIL CR 1-		30GM	40.80	40.80
1		509521	031303	ATROVENT INHALER		14GM	27.00	27.00
1		664391	032105	GLUCOTROL XL 10MG		100	60.70	60.70
1		568998	032552	NYST/TRIAM OINT NF		30GM	4.75	4.75
1		869560	032654	HYDRXYZINE HCL SYR		16OZ	12.81	12.81
1		761809	033255	NIZORAL SHAMPOO 2-		4 OZ	15.92	15.92
2		809764	033353	PROVENTIL INH REF		017G	20.33	40.66
3		531384	033502	PERIDEX ORAL RINSE		3X16	12.30	36.90
1		114645	033503	NIFEDIPINE 10MG CP		100	44.51	44.51
1		584466	034102	RETIN-A CRM 0.05-		20GM	25.80	25.80
ROUTE NO. 243				CASES				

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TRAYS	CASES	PICKER

PAGE 4 OF 11 WAVE 22 MARK STEVEN LG

STORE NUMBER	SHIP DATE	LINE	ZONE	SLIP NO.	TYPE	DATE	INVOICE NO.
4-0054-9	555	5	01		RX -111	10/20/94	0961
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION	SIZE	COST	EX COST
1		153486	034804	ELOCON 0.1PC OINT	45GM	25.74	25.74
1		370676	035854	PHOS-LO 667MG	200	18.69	18.69
1	1	340067	036101	PILOCAR TBN PK 2PC	2X15	15.90	15.90
2		219162	036252	VANCENASE AQ	25GM	31.01	62.02
1		324905	036353	NY STATIN-TRIAM CRM	15GM	2.40	2.40
1		514224	036852	CEPHALEXIN 250MG	100C	12.32	12.32
2		589689	037201	GLYBURIDE 5.0/MIC	100	51.58	103.16
1		739433	037502	PCN VK-250 SOL BIO	200C	5.23	5.23
3		140863	038102	AUGMENTIN 250 SUSP	150M	50.00	150.00
1		744904	038105	NAPROXEN SOD 550MG	100	104.09	104.09
2		508796	038651	NICODERM 21MG/DAY	14	57.18	114.36
1		683755	039305	PROCANAMIDE ER 500	100	20.43	20.43
1		759472	040452	CYTOTEC 100MCG	120	56.04	56.04
2		705921	041405	BETOPTIC S 0.25-	15ML	51.62	103.24
3		325597	041502	TRIMOX SUSP 125MG	150M	3.91	11.73
3		316356	041504	VENTOLIN INHALER	017G	22.08	66.24
1		584433	041851	RETIN-A CRM 0.025-	45GM	47.28	47.28
1		300954	042351	RONDEC ORAL DROPS	30ML	20.76	20.76
2		327239	042603	BECLOVENT INHALER	017G	28.72	57.44
ROUTE NO. 243					CASES	7	3123.68

TRAYS CASES

PAGE 5 OF 11		WAVE 22		MARK STEVEN LG					
STORE NUMBER		SHIP DATE		LINE	ZONE	SLIP NO.	TYPE	DATE	INVOICE NO.
4-0054-9		555		7	01		RX -111	10/20/94	0961
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION			SIZE	COST	EX COST
1		878363	003255	ALBUTEROL SOL 3ML			25	30.25	30.25
1		870931	004105	MICRO-K 8MEQ			100	14.58	14.58
1		361238	004551	PRAVACHOL 10MG TAB			100	170.49	170.49
1		671875	004753	PROCARDIA XL 60MG			100	204.95	204.95
1		267435	005452	MTHYLD-HCTZ-25 MYL			100	31.95	31.95
1		705004	005501	GLIPIZIDE 10MG			100	55.69	55.69
2		365288	005502	CHEMDEC DM SYRUP			160Z	12.75	25.50
1		611830	005504	AMITRIPTYLINE 10MG			100	3.60	3.60
1		349357	005854	PRIMIDONE 250MG			0100	32.18	32.18
1		147322	006101	HYTRIN 5MG TABS			0100	122.23	122.23
1		119438	006853	METRONIDAZOLE 500D			50	12.85	12.85
1		604884	007153	SYNTHROID .15MG			100	26.87	26.87
1		343467	007502	VASOTEC 5MG			100	91.18	91.18
2		736314	007505	PROCARDIA XL 90MG			100	245.93	491.86
1	1	323675	007802	PROCARDIA 10MG			0100	58.24	58.24
1		650010	008105	LEVISIN/SL TABLETS			100	26.99	26.99
1		317735	008252	LASIX 20MG			100	14.99	14.99
3		947390	008352	DILANTIN 100MG			100	18.90	56.70
3		571547	009153	MOTRIN 800MG			100	38.22	114.66
2		809731	009503	CARDIZEM 30MG TAB			0100	43.49	86.98
ROUTE NO. 243							CASES		

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PAGE 6 OF 11 WAVE 22 MARK STEVEN LG										TRAYS	CASES	PICKER
STORE NUMBER		SHIP DATE	LINE	ZONE	SLIP NO.	TYPE		DATE	INVOICE NO.			
4-0054-9		555	7	01		RX -111		10/20/94	0961			
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION		SIZE	COST	EX COST		MA		
1		318345	009754	KCL ELX 10PC SF NL		160Z	2.86	2.86				
1		535393	010101	TORADOL 10MG		100	114.30	114.30				
2		189233	010803	NORMODYNE 200MG TB		0100	57.73	115.46				
1		774448	010855	BENTYL 20MG		100	34.80	34.80				
1		577122	011253	KCL SR 8MEQ		0100	7.72	7.72				
1		771071	011402	MINOXIDIL TAB 10MG		100	45.00	45.00				
1		126680	011451	ADALAT CC 90MG		100	178.23	178.23				
12		346999	012204	ZANTAC 150MG TAB		0060	99.20	1190.40				
1		609552	012501	QUINAMM TABS		100	63.00	63.00				
1		737395	013254	IBUPROFN 600 BOOTS		500	72.14	72.14				
2		198838	013403	METOCLOPRMIDE 10MG		100	21.66	43.32				
2		155028	019103	GLUCOTROL 5MG TAB		100	34.09	68.18				
2		568386	019405	METOCLOPRAMIDE 5MG		100	27.16	54.32				
6		142448	019553	MEVACOR 20MG TABS		0060	119.78	718.68				
1		186643	020204	PRENATE-90 TABS		100	20.96	20.96				
2		867093	020505	LODINE 300MG CAPS		100	110.10	220.20				
3		297069	020654	DEPAKOTE 250MG		100	58.48	175.44				
1		928648	021452	C-DOP/L-DOP 25/250		100	76.50	76.50				
1		152579	021704	PIROXICAM 20MG		100	139.36	139.36				
2		501197	022203	MICRONASE 5MG		0250	130.58	261.16				
ROUTE NO. 243						CASES						

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PAGE 7 OF 11		WA 22		MARK STEVEN LG		TRAYS		CASES		PICKER		
STORE NUMBER		SHIP DATE		LINE	ZONE	SLIP NO.		TYPE		DATE		INVOICE NO.
4-0054-9		555		7	01			RX -111		10/20/94		0961
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION		SIZE	COST		EX COST		MA	
1		337394	022403	TAVIST SYRUP		40Z	22.68		22.68			
1		764464	022505	DILACOR XR 240MG		100	98.92		98.92			
1		329151	022603	REGLAN 10MG TAB		0100	55.72		55.72			
1		730176	022755	DIFLUCAN TAB 200MG		30	337.50		337.50			
1		519413	022851	CORDARONE 200MG		0060	163.72		163.72			
1		511444	023101	SPORANOX 100MG		30	154.42		154.42			
4		142612	023353	RETROVIR 100MG CAP		0100	148.85		595.40			
1		329318	023651	FUROSMIDE 40MG MYL		1000	42.57		42.57			
1		902304	023652	GLYNASE PRESTAB 6M		100	78.79		78.79			
1		590497	023653	CEFTIN 250MG		60	186.53		186.53			
1	1	326553	024102	SYNTHROID .025MG		0100	17.39		17.39			
1		605071	024303	TEGRETOL 200MG		100	34.65		34.65			
1		366997	024352	KLOR-CON 10		0100	9.48		9.48			
3		671867	024504	PROCARDIA XL 30MG		100	118.44		355.32			
1		612184	024551	AMITRIPTYLINE 50MG		100	6.95		6.95			
1		341115	025103	ZANTAC 300MG TABS		0030	90.05		90.05			
1		188862	025251	TIMOPTIC XE 0.5-		5ML	29.78		29.78			
1		377648	025753	VASOTEC 20MG		0100	136.18		136.18			
3		133140	026302	AUGMENTIN 500MG TB		30	78.00		234.00			
1		328609	026502	CHLORTHIAZIDE 500MG		0100	9.50		9.50			
ROUTE NO. 243						CASES						

PAGE 8 OF 11 WAVE 22 MARK STEVEN LG

STORE NUMBER		SHIP DATE	LINE	ZONE	SLIP NO.	TYPE	DATE	INVOICE NO.	
4-0054-9		555	7	01		RX -111	10/20/94	8810 C961	
	QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION		SIZE	COST	EX COST
	1		589945	026602	ZENATE PRENATAL		100	22.83	22.83
	1		589960	026701	ESTRACE 1MG		100	34.55	34.55
	3		340117	027103	SLOW-K 600MG		0100	16.30	48.90
	2		571554	027203	MOTRIN 600MG		100	29.12	58.24
	2		884890	027255	CARBMZPINE 200MG		100	22.69	45.38
	1		510883	027401	ISOXUPRINE 20MG		0100	8.18	8.18
	2		197756	027503	INDOMETHCIN 25MG M		100	16.25	32.50
	1		612853	027555	GLYNASE PRESTAB 3M		100	58.49	58.49
	1		604702	027653	COUMADIN 5MG		100	56.76	56.76
	1		579052	028101	MICRONASE 1.25MG		0100	20.59	20.59
	3		217323	028503	DIAZIDE CAPSULES		100	38.25	114.75
	2		620278	028702	B-COMPLEX VIT PLUS		0100	14.07	28.14
	1	1	354183	028852	TENORMIN 50MG TABS		0100	86.74	86.74
	3		521047	029254	NORVASC 5MG		100	113.35	340.05
	1		764415	029255	DIPENTUM 250MG CAP		100	57.61	57.61
	1		319772	029303	E-MYCIN 333MG		100	40.37	40.37
	1		360495	029653	K-DUR 20MEQS		0100	34.57	34.57
	1		319426	029802	FLEXERIL 10MG TAB		0100	92.92	92.92
	1		606566	030351	MEVACOR 40MG		60	215.62	215.62
	1	1	317354	032103	LOPRESSOR 100MG		0100	74.49	74.49
ROUTE NO. 243					CASES				

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MARK STEVEN LG						TRAYS	CASES	PICKER
PAGE	90F	11	WA	22				
STORE NUMBER	SHIP DATE	LINE	ZONE	SLIP NO.	TYPE	DATE	INVOICE NO.	
4-0054-9	555	7	01		RX -111	10/20/94	0961	
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION	SIZE	COST	EX COST	MA
1		540633	032202	ATENOLOL 50MG	100	71.75	71.75	
1		623686	032552	REGLAN 5MG	100	35.67	35.67	
1		740670	032603	VERELAN 120MG	100	102.53	102.53	
1		988121	033302	EULEXIN 125MG	180	268.66	268.66	
1		178426	033802	VERAPAMIL ER 180MG	100	97.80	97.80	
1		126391	034351	ADALAT CC 60MG	100	145.50	145.50	
1		740688	034455	VERELAN 240MG	100	121.21	121.21	
3		310565	034503	INDOCIN SR 75MG CP	0030	42.12	126.36	
1		646562	034654	CLEMASTINE SYRUP	40Z	16.50	16.50	
1		299636	034755	PCN VK 500 TAB GEN	1000	96.26	96.26	
1		321588	035152	CARAFATE 1-GRAM	0100	73.69	73.69	
1		322685	035504	HYDROXYZINE PAM-25	0100	18.75	18.75	
1		397216	035553	DOVONEX 0.005- OMT	100	117.39	117.39	
1		543702	035653	HYDRALZINE 25MG MT	0100	3.20	3.20	
1		734384	035854	BIAXIN 500MG	60	169.38	169.38	
2		370270	036103	SMZ-TMP DS	0100	32.00	64.00	
1		519405	036403	NOROXIN 400MG	0020	49.45	49.45	
1		657569	037105	ALPURNOL 100MG MYL	100	8.40	8.40	
2		686139	037151	IOPIDINE 0.5- SOL	5ML	33.75	67.50	
2		595983	037251	LESCOL 40MG CAPS	100	114.00	228.00	
ROUTE NO. 243					CASES			

PAGE 10 OF 11 WAVE 22 MARK STEVEN LG										TRAYS	CASES	PICKER
STORE NUMBER		SHIP DATE		LINE	ZONE	SLIP NO.	TYPE		DATE	INVOICE NO.		
4-0054-9		555		7	01		RX -111		10/20/94	0961		
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION		DESCRIPTION		SIZE	COST	EX COST			
1		604785	038101		HISMANAL TABLETS		100	177.02	177.02			
1		327957	038503		COLCHICINE 0.6MG		0100	4.25	4.25			
1		519900	038702		LEVSINEX TIMECAPS		100	55.77	55.77			
1		500033	038753		FIORICET		0100	45.06	45.06			
3		717934	038805		YOHIMBINE HYDCHLOR		100	8.36	25.08			
1		809640	039152		INDERAL LA 120MG C		0100	104.52	104.52			
1		543694	039352		HYDRALZINE 50MG MT		0100	3.85	3.85			
2		579706	039502		VASOTEC 2.5MG		100	71.76	143.52			
1		293845	039602		PROMETHAZINE 25MG		100	3.69	3.69			
1		891978	041152		MONOPRIL 20MG TABS		100	75.84	75.84			
1		790980	041154		CARDENE SR 45MG		60	60.62	60.62			
1		318261	041603		PREDNISONE 20MG		0100	9.92	9.92			
1		648592	041701		SUPRAX TABS 400MG		50	309.81	309.81			
1		347757	042302		PROVERA 2.5MG TABS		0100	33.93	33.93			
1		317487	042602		AMPICILLIN 250MG		500	60.39	60.39			
1		326835	043252		METHOCARBAMOL-750		0100	8.75	8.75			
1		166678	043352		VERAPAMIL SR 240MG		100	103.00	103.00			
ROUTE NO. 243												
							CASES	4	173	12513.02		

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NJ DEA - ORM0145347		CVS DEA - OBS3811646		TRAYS	CASES	PICKUP	
PAGE 11 OF 11	WA 22	MARK STEVEN LG				MR PC	
STORE NUMBER	SHIP DATE	LINE	ZONE	SLIP NO.	TYPE	DATE	
4-0054-9	555	8	01		RX -111	10/20/94	
						INVOICE NO. 0961	
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION		SIZE	COST
				STANDARD DRUG COMPANY			EX COST
				MARK STEVEN SERVICE MERCHANDIS			
				1901 MICHIGAN AVENUE NE			
				WASHINGTON, DC 20018			
				LUMBERTON, NJ 08048			
				DEA - OBS3811646			
				DEA - ORM0145347			
				SHIP THRU ===== PEOPLES DRUG STORES, INCORPORA			
				500 LANSDOWNE ROAD			
				FREDERICKSBURG, VA 22404			
				DEA - ORP0169056			
2		341024	004754	TYLENOL/COD-3 TAB		0100	29.95
1		676304	005352	VICODIN ES		100	41.69
10		877571	006554	HALCION 0.25MG U/U		10	6.72
1		506857	008204	PROMETH VC/COD SYR		160Z	9.15
1		578534	008352	KLONOPIN 1MG		0100	76.22
1		294546	009704	VALIUM 5MG TABLETS		100	59.03
				CASES		16	313.19
ROUTE NO. 243							

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HHD019-0554

HHD019-0554



DC-UC-1

Carlos Ortiz  
Director of Professional  
& Government Relations

OPERATORS OF CVS/PHARMACY AND PEOPLES DRUG  
Division of Melville Corporation

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January 6, 1995

Department of Health & Human Services  
Office of Inspector General  
Office of Audit Services  
Three Financial Centre, Suite 510  
900 South Shackleford Road  
Little Rock, AK 72211-3850

Dear Department of Health & Human Services:

Thank you for your letter CVS #0022 located at 320 40th Street, N.E. in Washington, DC.

Per your request, enclosed is the pharmacy information form, a copy of the largest invoice for October, 1994 and a copy of the billing statement.

If you have any questions, please feel free to give me a call at (401) 765-1500, Ext. 2640.

Respectfully,

A handwritten signature in black ink that reads 'Carlos Ortiz'.

Carlos Ortiz  
Director of Professional &  
Government Relations

CO:bab

Enclosure

Enclosure C

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## Pharmacy Information Form

Pharmacy Name: CVS # 0022

Address: 320 40<sup>th</sup> St. N.E.

Washington, DC 20020

Phone Number: 1-800-445-6050

Contact Person: Carlos Ortiz

### Type of Pharmacy (Check Appropriate Block(s))

Independent Retail Pharmacy ☐

Chain (four or more stores) Pharmacy ☒

Other:

Nursing Home Pharmacy ☐

Hospital Outpatient Pharmacy ☐

Home I.V. Pharmacy ☐

Mail Order Pharmacy ☐

County Public Health Unit Pharmacy ☐

Public Health Entity ☐

HHD019-0556

HHD019-0556

3-95 FRI 11:07 MARK STEVEN LG 1211 P.05

STORE NUMBER	SHIP DATE	LINE	ZONE	SLIP NO.	TYPE	DATE	INVOICE NO.
4-0022-6	555	5	01		RX -111	10/31/94	5699
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION	SIZE	COST	EX COST
STANDARD DRUG COMPANY			MARK STEVEN SERVICE MERCHANDISE				
320 40TH STREET NE			1 BERRY CRIVE				
WASHINGTON,			DC 20019	LUMBERTON,		NJ 08048	
DEA - 085381672			DEA - CRP0145347				
SHIP THRU			PEOPLES DRUG STORES, INCORPORA				
			500 LANSLOWNE ROAD				
			FREDERICKSBURG,				
			VA 22404				
			DEA - CRP0169056				
2		769562	003501	DDAVP NASAL SPRAY	5ML	107.70	215.40
24		773382	006105	ULTRAFINE ICC 8411	100	23.07	553.68
3		610360	012103	NITROSTAT 1/150GR	100	6.83	20.49
6	1	264499	012104	COLYTE-FLAVOREC	4000	15.71	94.26
48		207456	018503	AMOXICLIN 125 SUSP	150M	4.14	198.72
4		223032	018752	AEROBID INHALER	7G	49.98	199.92
2		124339	018754	ADALAT CC 30MG	100	84.10	168.20
6		358994	019653	TIMOPTIC 05 0.5PC	15ML	49.31	295.86
6		662650	020205	CHILDREN'S MOTRIN	40Z	6.18	37.08

ROUTE NO. 301

CASES

*we did not  
use this  
wholesaler's  
invoice as it  
was at AWP*

PAGE 2 OF 16 WAVE 22 MARK STEVEN LG

STORE NUMBER	SHIP DATE	LINE	ZONE	SLIP NO.	TYPE	DATE	INVOICE NO.
4-0022-6	555	5	01		RX -111	10/31/94	5699
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION	SIZE	COST	EX COST
4		317388	020304	WESTCORT CREAM	60GM	29.82	119.28
8		342428	020502	INTAL INHALER-112	8.1G	36.52	292.16
12	1	137232	021102	AUGMENTIN 125 SUSP	150G	26.25	315.00
2		955864	021552	DEPO-PROVERA CONTR	1 ML	36.88	73.76
4		318469	022503	VANCERTIL INHALER	017G	30.01	120.04
3		709246	023404	BETAGAN B.I.D. .5	15ML	47.41	142.23
6	6	545509	024153	BECONASE AQ	25MG	32.41	194.46
12		781633	024154	BACTROBAN 2PC	30GM	26.21	314.52
2		955872	024351	ACULAR 0.5- Q-S	5 ML	26.60	53.20
12	1	325498	024754	TRIMOX SUSP 125MG	100M	2.94	35.28
6		342436	024802	INTAL INHALER-200	14.2	58.11	348.66
12		557272	025203	TERAZOL VAG CREAM	45GM	22.25	267.00
5		289306	025301	NITRO-DUR 0.2MG	0030	38.23	191.15
1		349977	025701	LORABID SUSP 100MG	5CML	13.66	13.66
6		579235	026502	SPECTAZOLE CREAM	30GM	18.72	112.32
6		106813	026651	VANCENASE PKTHALER	7EM	30.01	180.06
6		147710	027104	ORTHO-NOV 777 CPK	0028	22.31	133.86
3		234195	027604	TRIPHASIL-28 CPK	3PK	23.80	71.40
3		745950	027805	NAPROXEN 500MG	100	105.31	315.93
6	1	333575	028503	CECLOR SUSP 125MG	150G	29.78	178.68

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PAGE 3 OF 16 WAVE 22 MARK STEVEN LG									
STORE NUMBER	SHIP DATE	LINE	ZONE	SUP NO.	TYPE	DATE	INVOICE NO.		
4-0022-6	555	5	01		RX -111	10/31/94	5699		
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION	SIZE	CGST	EX CGST		
6		335034	028504	ERYZOLE SUSP	150M	17.25	103.50		
4		897421	028654	NEO/POLY/HC OTC SP	1CMU	7.24	28.96		
6		551184	029103	BACTROBAN 2 FC	15GM	14.50	87.00		
1		585422	029201	ACCUPRIL 5MG	90	81.82	81.82		
10		623645	029455	PROVENTIL SOL 3ML	25	15.53	355.30		
8		153379	029803	ELOCON 0.1PC CRM	15GM	14.05	112.40		
1		350082	030153	LORABID SUSP 200MG	100M	34.94	34.94		
1		529123	031105	FEMSTAT PREFILL CR	18GM	20.16	20.16		
6		509521	031303	ATROVENT INHALER	14GM	27.00	162.00		
5		572792	032104	LOPIO 600MG	60	65.73	328.65		
1		664391	032105	GLUCOTROL XL 10MG	100	60.70	60.70		
12		810408	032303	MYSTATIN ORAL SUSP	60ML	4.50	54.00		
6		590349	032451	OXISTAT CREAM 1-	15G	12.92	77.52		
6		761759	032455	ANTIPIRYNE / BENZ	10ML	1.89	11.34		
2		869560	032654	HYDRXYZINE HCL SYR	14OZ	12.81	25.62		
3		531384	033502	PERIDEX ORAL RINSE	3X16	12.30	36.90		
2		114645	033503	NIFEDIPINE 10MG CP	100	44.51	89.02		
12		335042	033854	ERYZOLE SUSP	200M	22.65	271.80		
6		308262	034403	BECONASE INHALER	017G	30.01	180.06		
3		602979	035503	CORTISPOR OTIC SOL	1CCO	18.65	55.95		
ROUTE NO. 301					CASES				

PAGE 4 OF 16 WAVE 22 MARK STEVEN LG									
STORE NUMBER	SHIP DATE	LINE	ZONE	SUP NO.	TYPE	DATE	INVOICE NO.		
4-0022-6	555	5	01		RX -111	10/31/94	5699		
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION	SIZE	CGST	EX CGST		
6		334953	036103	ERYZOLE SUSP	100M	11.50	69.00		
2		704908	036151	GLIPIZIDE 5MG	100	30.33	60.66		
3		310615	036203	NASALIDE 0.25PC	25ML	26.53	79.59		
4		219162	036252	VANCENASE AQ	25GM	32.40	129.60		
2		703017	036405	INTAL NEB SOL 2CC	60	48.56	97.12		
6		176560	036453	SULFACETAMIDE SOD 10	15ML	2.22	13.32		
5		589689	037201	GLYBURIDE 5.0/MIC	100	51.58	257.90		
12	3	140863	038102	AUGMENTIN 250 SUSP	150M	50.00	600.00		
40	40	329391	038103	PROVENTIL INHALER	017G	23.06	922.40		
6		590356	038205	OXISTAT CREAM 1-	30G	21.58	129.48		
2		589671	038352	GLYBURIDE 2.5/MIC	100	30.53	61.06		
1		873851	039452	CATAPRES TTS 0.3MG	0004	68.10	68.10		
6		921650	040103	ORTHO-CEPT	28	22.30	133.80		
2		551218	040255	FELDENE 20MG	30	74.20	148.40		
6	1	715011	040304	TRI-LEVLEN 28 6PAK	28	18.32	109.92		
1		759472	040452	CYTOTEC 100MCG	120	56.04	56.04		
4		295451	040453	AZMACORT INHALER	20GM	41.50	166.00		
4		726166	041352	TAMOXIFEN 10MG	60	81.74	326.96		
48		208447	042102	AMOXICILLIN 250 SUSP	150M	7.11	341.28		
6		194258	042201	CLEOCIN VAG CREAM	40GM	28.03	168.18		
ROUTE NO. 301					CASES				

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STORE NUMBER	SHIP DATE	LINE	ZONE	SLIP NO.	TYPE	DATE	INVOICE NO.	
4-0022-6	555	5	01		RX -111	10/31/94	5699	
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION		SIZE	COST	EX COST
6		811778	042304	NORDETTE-28 6PK		0028	25.07	150.42
24	2	365049	042403	CHEMDEC DM DRCFS		3CML	5.85	140.40
3		558262	042555	BETOPTIC S 0.25-		1CML	35.00	105.00
3		616748	042705	BETAGAN B.I.C. .5		1CML	32.53	97.59
10		143453	043251	METROGEL VAG GEL		7CGM	24.00	240.00
ROUTE NO. 301					CASES	56	513	12106.12

PAGE 16 OF 16 WAVE 22 MARK STEVEN LG		TRAYS	CASES	PICKER				
STORE NUMBER	SHIP DATE	LINE	ZONE	SLIP NO.	TYPE	DATE	INVOICE NO.	
4-0022-6	555	8	01		RX -111	10/31/94	5699	
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION		SIZE	COST	EX COST
STANDARD DRUG COMPANY 320 40TH STREET NE WASHINGTON, DEA - 08S3811672			DC 20019	MARK STEVEN SERVICE MERCHANDIS 1 BERRY DRIVE LUMBERTON, NJ DEA - 08M0145347				08048
SHIP THRU				PEOPLES DRUG STORES, INCORPORA 500 LANSCOWNE ROAD FREDERICKSBURG, VA DEA - CRP0169056				22404
2		294520	001251	XANAX 1MG TABLETS		100	94.11	188.22
3		364893	003502	ALPRAZOLAM 0.5MG		100	60.08	60.08
3		349951	005103	LORAZEPAM 1MG -MYL		0100	19.95	59.85
1		139329	005405	ACET-COD 30MG LEM		1000	74.30	74.30
1		316331	007104	TUSSIONEX LIQUID		16OZ	75.72	75.72
1		692814	008102	CHLORDIAZEPXID 10MG		100	4.18	4.18
1		189340	008103	PROXY NAP 100/650		500	118.76	118.76
1		317560	009102	DARVCT-N-100 T1893		500	249.52	249.52
1		765669	009401	PHENOBARB 60MG GEN		1000	17.40	17.40
ROUTE NO. 301					CASES	12		848.03

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PAGE 6 OF 16 WAVE 22 MARK STEVEN LG								TRAYS	CASES	PICKER
STORE NUMBER	SHIP DATE	LINE	ZONE	SLIP NO.	TYPE	DATE	INVOICE NO.			
4-0022-6	555	7	01		RX -111	10/31/94	5699			
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION	SIZE	COST	EX COST			
1		294991	001102	RYNATAN PED SUSP	160Z	99.12	99.12			
2	2	308049	001103	CAPOTEN 50MG TAB	0100	117.94	235.88			
2		247817	001255	HINOXIDIL 10MG	100	42.75	85.50			
3		387621	001354	NAPROSYN TB 500 MG	100	121.57	364.71			
1		862169	001355	CIPRO 250MG	100	262.32	262.32			
4		692236	003101	POLYTRIM OPHTH	10ML	15.79	63.16			
24	2	725093	003154	GRIFULVIN V ORAL	120M	22.45	538.80			
4		384255	003402	LASIX 40MG UU	0100	21.04	84.16			
1		655233	004101	ALPURNOL 30MG MYL	500	90.30	90.30			
1		333484	004104	OTICLOXACILIN 500MG	0100	60.50	60.50			
2		755892	004252	PRILOSEC	30	113.43	226.86			
1	1	612333	004353	GANTRISIN PED SUSP	160Z	39.56	39.56			
1		575324	004354	LEVONINE 0.050 MG	0100	7.23	7.23			
2		361238	004551	PRAVACHOL 10MG TAB	100	170.49	340.98			
2		623702	004601	HARZIDE 37.5/25	100	39.29	78.58			
3		514190	004752	CEPHALEXIN 500MG C	0100	121.01	363.03			
6		671875	004753	PROCARDIA XL 60MG	100	204.95	1229.70			
1		839050	005205	DESIPRAMINE 100MG	100	99.99	99.99			
2		705004	005501	GLIPIZIDE 10MG	100	55.69	111.38			
3		147322	006101	HYTRIN 5MG TABS	0100	122.23	366.69			
ROUTE NO. 301								CASES		

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STORE NUMBER	SHIP DATE	LINE	ZONE	SLIP NO.	TYPE	DATE	INVOICE NO.			
4-0022-6	555	7	01		RX -111	10/31/94	5699			
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION	SIZE	COST	EX COST			
1		604850	006252	SYNTHROID .05MG T	100	19.64	19.64			
12		210609	006503	AMOXICLIN 250MG CP	100	21.75	261.00			
2		584763	006505	ISMO 20MG TAB	100	65.81	131.62			
3		588855	006751	GLYBURIDE 5.0/DIA	100	47.60	142.80			
6		119438	006853	METRONIDAZOLE 500D	50	12.85	77.10			
1		604884	007153	SYNTHROID .15MG	100	26.87	26.87			
1		687707	007205	ISOSORBIDE 20MG CR	1000	19.63	19.63			
6		343467	007502	VASOTEC 5MG	100	91.18	547.08			
1	1	323675	007802	PROCARDIA 10MG	0100	58.24	58.24			
4		132134	008103	TAGAMET 400MG TAB	60	88.25	353.00			
2		546853	008201	ZOCOR 20MG	60	195.76	391.52			
6		914267	008254	DAYPRO 600MG	100	116.68	700.08			
4		347302	008401	ZESTRIL 5 MG.	0100	75.46	301.84			
3		833335	008552	ALDOMET 250MG	100	33.14	99.42			
3		361311	008703	PRAVACHOL 20MG TAB	100	179.95	539.85			
3		571547	009153	MOTRIN 800MG	100	38.22	114.66			
1		573071	009401	LEVONINE 0.025 MG	0100	6.40	6.40			
3		546846	009551	ZOCOR 10MG	60	108.02	324.06			
3		112250	009655	CARDIZEM CD 180MG	90	107.82	323.46			
2		684605	009701	VIDEX 100MG	60	86.42	172.84			
ROUTE NO. 301								CASES		

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STORE NUMBER	SHIP DATE	LINE	ZONE	SUP NO.	TYPE	DATE	INVOICE NO.			
4-0022-6	555	7	01		RX -111	10/31/94	5699			
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION	SIZE	COST	EX COST			
1		537969	009704	THIOTHIXENE 5MG	0100	41.50	41.50			
2		540807	010354	RELAFEN 500MG	100	97.80	195.60			
1		353656	010402	PRINIVIL 1CMG.	0100	78.15	78.15			
1		169250	010602	PREMARIN .9MG T	100	43.91	43.91			
1		705871	011105	ANAFRANIL 25MG	100	76.02	76.02			
2		133041	011203	DECONSAL II	100	46.02	92.04			
8		671891	011205	CLONIDINE TAB .2MG	100	14.35	114.80			
1		126680	011451	ADALAT CC 90MG	100	178.23	178.23			
1		203950	011505	ZOLOFT 50 MG	100	194.41	194.41			
1		775502	011601	FLOXIN 300MG	50	173.42	173.42			
1		705889	011805	ANAFRANIL 50MG	100	102.50	102.50			
6		307512	012103	CAPOTEN 25MG TAB	0100	68.77	412.62			
20		346999	012204	ZANTAC 150MG TAB	0060	99.20	1984.00			
1		324962	012252	TRIMOX CAPS 500MG	500	181.25	181.25			
1		607531	012451	TRINSICON CAPSULES	60	26.69	26.69			
4		808402	012551	THEOPHYLLIN CR 300	100	19.50	78.00			
6		347401	012703	ZESTRIL 10 MG.	0100	78.01	468.06			
6		347419	013452	ZESTRIL 20 MG.	0100	83.49	500.94			
1		540641	018502	ATENOLOL 100MG	100	101.50	101.50			
1		319863	018653	AMPICILLIN 500MG	500	102.70	102.70			
ROUTE NO. 301					CASES					

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STORE NUMBER	SHIP DATE	LINE	ZONE	SUP NO.	TYPE	DATE	INVOICE NO.			
4-0022-6	555	7	01		RX -111	10/31/94	5699			
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION	SIZE	COST	EX COST			
3		544932	018701	MACROBID	100	122.98	368.94			
1		579110	018854	MEXITIL CAPS 150MG	0100	73.72	73.72			
2		862177	019102	CIPRO 500MG	100	312.56	625.12			
6		155028	019103	GLUCOTROL 5MG TAB	100	34.09	204.54			
1		651000	019105	WELLBUTRIN 75MG	100	54.13	54.13			
2		147298	019151	HYTRIN 2MG TABS	0100	122.23	244.46			
1		196220	019154	DIMETANE DX SYRUP	160Z	30.72	30.72			
3		189100	019255	TRANDATE 200MG TAB	0100	62.95	188.85			
7		142448	019553	MEVACOR 20MG TABS	0060	119.78	838.46			
2		315721	019555	ZAROXOLYN 5 MG TAB	100	48.73	97.46			
5		891994	019752	CYCLBNZPRNE 10MG-M	100	84.16	420.80			
4		812164	019804	ERYTHRO STER 250MG	0100	14.46	57.84			
2		186643	020204	PRENATE-90 TABS	100	20.96	41.92			
2		583336	020353	PREMARIN .625MG T	250	92.69	185.38			
2		765560	020504	HUMIBID L.A.	100	29.23	78.46			
5		867093	020505	LODINE 300MG CAPS	100	110.10	550.50			
1		677369	020751	POLYVIFLR TB.5MGFE	100	14.49	14.49			
3		121590	020752	ERY-TAB 333 MG	0100	36.81	110.43			
6		127886	020853	AUGMENTIN 250MG TB	30	55.95	335.70			
3		143370	021101	HUMIBID OM	0100	56.81	176.43			
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MARK STEVEN LG

STORE NUMBER	SHIP DATE	LINE	ZONE	SLIP NO.	TYPE	DATE	INVOICE NO.
4-0022-6	555	7	01		RX -111	10/31/94	5699
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION	SIZE	CCST	EX COST
2		839035	021455	DESIPRAMINE 50MG	100	49.59	99.10
3		953273	021502	NITRUFURAN CP 50MG	100	58.20	174.60
4		112722	021703	HYDROX HCL-25 DAN	0100	9.50	38.00
1		152579	021704	PIROXICAM 20MG	100	139.36	139.36
3		112268	022151	CARDIZEM CD 240MG	90	152.94	458.82
4		501197	022203	MICRONASE 5MG	0250	130.58	522.32
1		730176	022755	DIFLUCAN TAB 200MG	30	337.50	337.50
12	1	649871	022804	ALBUTEROL SYRUP	160Z	24.93	299.16
1		366476	023102	SYNTHROID .075MG	0100	21.76	21.76
4		648618	023155	SUPRAX SUSP	100M	59.33	237.32
3		501163	023203	DIABETA 5MG	250	141.66	424.98
5		142612	023353	RETROVIR 100MG CAP	0100	148.85	744.25
2	2	302356	023452	NOLVADEX TABS	60	86.13	172.26
1		329318	023651	FUROSMIDE 40MG MYL	1000	42.57	42.57
3		235291	023751	PILOPINE HS GEL	3.5G	22.01	66.03
1	1	326553	024102	SYNTHROID .025MG	0100	17.39	17.39
4		197780	024252	INDOMETHCIN 50MG M	100	20.95	83.80
2	2	567974	024253	VOLTAREN 50MG	0100	91.14	182.28
4		605071	024303	TEGRETOL 200MG	100	34.65	138.60
3		366997	024352	KLOR-CON 10	0100	9.48	28.44

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STORE NUMBER	SHIP DATE	LINE	ZONE	SLIP NO.	TYPE	DATE	INVOICE NO.
-0022-6	555	7	01		RX -111	10/31/94	5699
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION	SIZE	COST	EX COST
6		671867	024504	PROCARDIA XL 30MG	100	118.44	710.64
2		313718	024505	IBUPROFEN 800 BQOTS	0500	98.00	196.00
2		612184	024551	AMITRIPTYLINE 50MG	100	6.59	13.90
1		670604	025254	DESIPRAMINE 150MG	50	109.50	109.50
1		147199	025501	HYTRIN 1MG TABS	0100	122.23	122.23
3		377648	025753	VASOTEC 20MG	0100	136.18	408.54
2		227645	026101	GEMFIBROZIL 600MG	60	54.00	108.00
6		366849	026153	CAPOTEN 12.5MG	0100	63.62	381.72
2		297028	026154	BROMFED PO CAPSULE	100	58.58	117.16
6		133140	026302	AUGMENTIN 500MG TB	30	78.00	468.00
1		606293	026351	CARDENE 30MG	100	64.73	64.73
2		801910	026451	ACCUPRIL 20MG	090	81.82	163.64
2		670489	026654	ATENOLOL 50MG	1000	636.50	1273.00
1		736819	026852	PHNZOPYRIDINE 200MG	100	19.65	19.65
2		318014	027102	LANOXIN T 0.125MG	1000	83.19	166.38
3		340117	027103	SLOW-K 600MG	0100	16.30	48.90
4		571554	027203	MOTRIN 600MG	100	29.12	116.48
1	1	612044	027254	ROBAXIN TABS 750MG	100	59.70	59.70
3		884890	027255	CARBAMZEPINE 200MG	100	22.69	68.07
1		323618	027353	PERSANTINE 50MG	0100	51.31	51.31

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STORE NUMBER	SHP DATE	LINE	ZONE	SLIP NO.	TYPE	DATE	INVOICE NO.					
4-0022-6	555	7	01		RX -111	10/31/94	5699					
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION	SIZE	CGST	EX COST					
5		604702	027653	COUMADIN 5MG	100	56.76	283.80					
2		543611	028351	HYDRALZINE 10MG HT	0100	2.65	5.30					
2		618710	028352	PLAQUENIL	100	110.42	220.84					
4		325449	028452	TRIMETRE/HCTZ 75-50	0100	26.05	104.20					
1		767798	028654	HCTZ 50MG DAN	1000	13.02	13.02					
4		620278	028702	B-COMPLEX VIT PLUS	0100	14.07	56.28					
1		174003	029102	NYSTATIN SUSP	160Z	35.00	35.00					
3		697276	029104	ZESTRIL 40MG	100	122.20	366.60					
4		521047	029254	NORVASC 5MG	100	113.35	453.40					
3		319772	029303	E-MYCIN 333MG	100	40.37	121.11					
2		737379	029451	IBUPROFEN 400 BOOTS	500	49.34	98.68					
3		360495	029653	K-DUR 20MEQS	0100	34.57	103.71					
3		319426	029802	FLEXERIL 10MG TAB	0100	42.92	278.76					
3		190496	030403	DICYCLOMINE 20MG	100	29.11	87.33					
2		109298	031102	DURICEF 500MG CAPS	100	285.98	571.96					
1	1	615971	031204	THERAGRAN HERMATIN	90S	31.93	31.93					
4		811521	031454	SMZ-TMP PED. SUSP	160Z	12.04	48.16					
2		601450	032102	PREDNISONE 5MG	1000	18.12	36.24					
8		904219	032104	BROMETANE CX	160Z	6.80	54.40					
1		561217	032203	CIMETIDINE 400MG T	100	131.63	131.63					
ROUTE NO. 301					CASES							

PAGE 13 OF 16 WAVE 22 MARK STEVEN LG										TRAYS	CASES	PICKER
STORE NUMBER	SHP DATE	LINE	ZONE	SLIP NO.	TYPE	DATE	INVOICE NO.					
4-0022-6	555	7	01		RX -111	10/31/94	5699					
QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION	SIZE	CGST	EX COST					
1		156182	032654	PARAFON FORTE DSC	0100	94.74	94.74					
2		127035	033202	PROPULSID 10MG	100	60.02	120.04					
2		988121	033302	EULEXIN 125MG	180	268.66	537.32					
6		619437	033353	DOXY-CAPS 100MG	50	18.45	110.70					
1		641290	034101	KETOPROFEN 75MG	100	99.15	99.15					
2		223628	034102	TRENTAL 400MG TAB	100	50.84	101.68					
1		234286	034201	ZOVIRAX 800MG PAK	35	123.98	123.98					
2		126391	034351	ADALAT CC 60MG	100	145.50	291.00					
3		319046	034353	FUROSHIDE 20MG MYL	0100	4.15	12.45					
2		143388	034404	PRELONE SYRUP	80Z	41.29	82.58					
3		333070	034752	DICLOXACILIN 250MG	0100	33.67	101.01					
2		321588	035152	CARAFATE 1-GRAM	0100	73.69	147.38					
2		567982	035153	VOLTAREN 75MG	100	110.37	220.74					
4		142596	035204	CALAN 240MG SR	0100	124.34	497.36					
1		657437	035505	ENTEX PSE	100	71.07	71.07					
2		734384	035854	BIAXIN 500MG	60	169.38	338.76					
6		370270	036103	SMZ-TMP DS	0100	32.00	192.00					
2		519405	036403	NOROXIN 400MG	0020	49.45	98.90					
5		105346	036451	ERYTHRO STER 500MG	100	28.62	143.10					
4		143552	036653	PROVENTIL 4MG REP	0100	60.58	242.32					
ROUTE NO. 301					CASES							

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PAGE 14 OF 16 WAVE 22 MARK STEVEN LG

STORE NUMBER		SHIP DATE	LINE	ZONE	SUP NO.	TYPE	DATE	INVOICE NO.
4-0022-6		555	7	01		RX -111	10/31/94	5699

  

QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION	SIZE	COST	EX COST
1		767632	037102	ELAVIL 25MG	100	37.32	37.32
2		686139	037151	IOPIDINE 0.5- SOL	5PL	33.75	67.50
6		343517	037203	VASOTEC 10MG	100	95.73	574.38
1		672675	037255	TESSALON PERLES	100	79.69	79.69
1		585430	037353	ORUVAIL 200MG	100	206.89	206.89
3		370411	037404	LODINE TABS 400MG	100	116.37	349.11
1	1	317669	037503	EES-400 TAB	100	21.92	21.92
1		338483	037803	PRENATAL RX	0100	8.80	8.80
1		353771	038202	PRINIVIL 20MG	0100	83.69	83.69
4		635037	038253	ENULOSE SYRUP	16OZ	26.11	104.44
3		671909	038255	CLONIDINE TAB 3MG	100	18.25	54.75
1		812420	038603	TRINALIN TAB	0100	83.21	83.21
3		543694	039352	HYDRALZINE 50MG HT	0100	3.89	11.59
2		178319	039403	ENTEX LA TABS	0100	71.07	142.14
1		837062	039605	DOMINANT TABLETS	100	12.33	12.33
3		816124	039704	THIORIDAZINE 100MG	0100	24.25	72.75
3		251447	039803	SELDANE 60MG TABS	100	92.16	276.48
5		318147	040203	PREDNISONE 10MG	0100	6.42	32.10
2		203695	040252	ZOLOFT 100MG	100	200.04	400.08
1		112276	041205	CARDIZEM CD 300MG	90	198.12	198.12

TE NO. 301

15 OF 16 WAVE 22 MARK STEVEN LG

STORE NUMBER		SHIP DATE	LINE	ZONE	SUP NO.	TYPE	DATE	INVOICE NO.
-0022-6		555	7	01		RX -111	10/31/94	5699

  

QUANTITY SHIPPED	CASES	ITEM NUMBER	LOCATION	DESCRIPTION	SIZE	COST	EX COST
5		318261	041603	PREDNISONE 20MG	0100	9.52	49.60
1		316802	041653	DECONAMINE SR CAPS	0100	59.54	59.54
1		596296	041753	ANSALD TABS 100MG	100	119.62	119.62
1	1	351932	041853	POLY-VI-FLOR 5MG	0100	13.88	13.88
4		812305	042402	METRONIDAZOLE 2500	0100	7.84	31.36
3		604686	042703	CUMADIN 2.5MG	100	56.64	169.92
2		312660	042851	ORASONE 50MG	100	16.66	33.32
3		341800	043152	BRETHINE TABS 5MG	0100	35.16	105.48
1		732818	043205	QUINIDINE GLUC SA	100	23.54	47.08
1		166678	043352	VERAPAMIL SR 240MG	100	103.00	309.00
		196121	043403	BENZTROPINE 1MG	100	8.25	16.50
		905505	043404	CLARITIN 10MG	100	184.32	552.56
		147900	043405	IBERET-FOLIC-500	60	38.14	38.14

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4-13-95 FRI 11:06

P. 04

**MARK STEVEN**

MARK STEVEN SERVICE MERCHANDISERS, INC.  
P.O. LOCK DRAWER E • WOONSOCKET, RHODE ISLAND 02895  
TELEPHONE 401-765-1500



## INVOICE

STANDARD DRUG COMPANY  
320 40TH STREET NE  
WASHINGTON,

938915

DC

20019

INVOICE DATE		
MO.	DAY	YEAR
10	31	94

484

INVOICE NUMBER
835699

P. DATE	SLIP NO	LINE CAT	TERMS	LOG/ LINE NO	TRAYS	CASES	WHSE	GFF.	D	TYPE	INVOICE	AMOUNT
5 5			NET				NJ			111R		
CASES	LOCATION	ITEM NUMBER	PRODUCT DESCRIPTION	SIZE	UNIT RETAIL	EXTENDED RETAIL	UNIT PRICE					
72	G.P. PCT=	9.9	RX			57,894.47						52,146.73
-----												
<div style="text-align: center;">             ETCL# 03/203            LN# 15         </div>												
-----												
PLEASE KEY REC BETWEEN LINES -----												
72			TOTAL G.P. PCT=	9.9				PAGE	TOTAL			

I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z

EXT. RETAIL
57,894.47

PAY THIS AMOUNT

INVOICE TOTAL
52,146.73

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T  
ID DC-UC-11

DATE	INV TYPE	NDC	DESCRIPTION	IND	QTY	PRICE
05/18/94	W	00033251744	LIDEX SOLUTION 0.05% (FLUOCINONIDE)	I	20.00	16.73
05/18/94	W	00456063001	ESGIC	N	100.00	60.85
05/18/94	W	24208068130	PILOSTAT 2% SOLUTION TWIN	N	<del>120.00</del> 2.00	6.25
05/18/94	W	00536028006	DOXYCYCLINE HYCLATE 50 MG CAPS	N	50.00	4.75
05/18/94	W	00023782410	POLYTRIM SOLUTION	S	10.00	13.01
05/18/94	W	00364036101	H-H-R Tabs	N	100.00	1.58
05/18/94	W	00085024404	NORMODYNE TABLETS 100MG 100 PER BOTTLE	I	100.00	32.23
05/18/94	W	00068001101	NORPRAMIN 25MG 100CT	I	100.00	49.08
05/18/94	W	00039006050	LASIX (FUROSEMIDE) 40MG TABLETS	S	500.00	86.30
05/18/94	W	00029616032	BREPEN-VK (PENICILLIN V) TABLET 500MG	N	500.00	15.45
05/18/94	W	18393027362	NAPROSYN (NAPROXEN)	I	500.00	398.87
05/18/94	W	00002109502	TAPAZOLE	S	100.00	18.28
05/18/94	W	00029600632	AMOXIL (AMOXICILLIN) CAPSULE 250	I	500.00	30.85
05/18/94	W	00173037673	TEMOVATE OINTMENT 15GM TUBE	S	15.00	17.55
05/18/94	W	00364046105	Prednisone Tabs	N	500.00	8.34
05/18/94	W	00025273231	NORPACE CR	I	100.00	54.29
05/18/94	W	00074634653	ERYTH ST 250MG ERYTHROMYCIN STEARATE 250	N	500.00	28.08
05/18/94	W	00006007258	PROSCAR 5MG TABLET 1000U	S	100.00	150.26
05/18/94	W	00173039442	CEFTIN 500MG TABLET 60'S BOTTLE	S	60.00	302.63
05/18/94	W	00048114003	SYNTHROID (LEVOTHYROXINE SODIUM) TABLETS	N	100.00	25.34
05/18/94	W	00009336719	ROGAINE TOP SOL 2+	S	180.00	126.06
05/18/94	W	50458043010	PROPULSID	S	100.00	51.50
05/18/94	W	00299577515	DESOWEN OINTMENT 0.05%	N	15.00	9.94
05/18/94	W	00074629060	PCE 333MG TABS ERYTHROMYCIN PARTICLES IN	N	60.00	53.58
05/18/94	W	00364021802	Prednisone Tabs	N	1000.00	8.65
05/18/94	W	00038004010	ELAVIL 10 MG. 100'S	I	100.00	15.34
05/18/94	W	00378640001	ERYTHROMYCIN ETHYLSUCCINATE 400 MG.	N	100.00	14.53
05/18/94	W	00026559161	DESONIDE OINTMENT 0.05%-15GM	I	15.00	8.83
05/18/94	W	00058251634	PILOCARE TWIN PACK OPHTHALMIC SOLUTION 2	N	<del>30.00</del> 2.00	13.65
05/18/94	W	00044182602	ISOPTIN SR	I	100.00	106.72
05/18/94	W	00009028603	PROVERA 5 MG CT	S	100.00	42.15
05/18/94	W	00028026201	VOLTAREN (DICLOFENAC SODIUM)	S	100.00	78.20
05/18/94	W	00065064705	TOBRADEX	S	5.00	16.69
05/18/94	W	00085061402	PROVENTIL AEROSOL INHALER 90MCG PER ACTU	S	17.00	18.93
05/18/94	W	00456067299	AEROBID	I	7.00	38.90
05/18/94	W	00068072261	SELDANE-D 60MG 100CT	S	100.00	85.75
05/18/94	W	00173033602	BECONASE INH. AEROSOL 200 DOSE W/COMPACT	S	16.80	24.65
05/18/94	W	00028026401	VOLTAREN (DICLOFENAC SODIUM)	S	100.00	94.70
05/18/94	W	00149075202	ASACOL TABLETS	S	100.00	47.38
05/18/94	W	00025191131	CALAN SR	I	100.00	93.28
05/18/94	W	00068072365	SELDANE 60MG 500CT	S	500.00	380.28
05/18/94	W	00087081941	BUSPAR	S	100.00	84.01
05/18/94	W	00049490066	Zoloft (sertraline hcl 50 mg)	S	100.00	160.20
05/18/94	W	00046086881	PREMARIN TABS, .3 MG NDA-04-782	S	100.00	21.93
05/18/94	W	<del>511230</del> 74231	PRIOSEC 20MG CAPSULE 30	S	30.00	91.65
05/18/94	W	00006071268	VASOTEC 5MG TABLET 100	S	100.00	72.67
05/18/94	W	00074258660	BIAXIN 500MG CLARITHROMYCIN	S	60.00	141.40
05/18/94	W	00062535001	TERAZOL 7 CREAM	S	0.45	19.11
05/18/94	W	00009006404	PROVERA 2.5 MG CT	S	100.00	27.93

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DATE	INV TYPE	NDC	DESCRIPTION	IND	QTY	PRICE
05/18/94	W	00071057024	NITROSTAT (NITROGLYCERIN TABLETS USP) SU	N	100.00	5.08
05/18/94	W	00074332413	HYTRIN 5MG. TABS TERAZOSIN HYDROCHLORIDE	S	100.00	96.94
05/18/94	W	11980026021	PROPINE W/C CAP B.I.D.	S	15.00	31.93
05/18/94	W	00006336710	TIMOPTIC 0.5% OCUMETER 10ML	S	10.00	27.15
05/18/94	W	00062027523	RETIN-A CREAM .1% 20 GM TUBE	S	20.00	25.85
05/18/94	W	00007336720	COMPazine (PROCHLORPERAZINE MALEATE) TABLE	I	100.00	68.31
05/18/94	W	00451150008	PRELONE SYRUP	S	100.00	32.88
05/18/94	W	00173046400	SEREVENT INHALATIONAEROSOL	S	100.00	41.16
05/18/94	W	00062171215	MODICON 21 TABLETS	I	126.00	124.48
05/18/94	W	00021440149	COLYTE	I	100.00	7.51
05/18/94	W	00054252731	LITH CARB CAP 300MG 1M	N	1000.00	45.86
05/18/94	W	00781132401	CYCLOBENZAPRINE 10MG	N	100.00	18.03
05/18/94	W	00364249102	Dipyridamole Sugar Coated Tabs	N	1000.00	16.50
05/18/94	W	00378016001	METHYLCLOTHIAZIDE 5 MG.	N	100.00	3.10
05/18/94	W	00009005011	PROVERA 10 MG CT	I	500.00	248.18
05/18/94	W	00081024955	LANOXIN TABLETS (DIGOXIN)	S	100.00	7.88
05/18/94	W	00008007801	LO/OVRAL TAB NDA-17-612	S	126.00	116.45
05/18/94	W	00009003101	CORTEF 10 MG CT	I	100.00	15.51
05/18/94	W	00028005110	LOPRESSOR (METOPROLOL TARTRATE)	I	1000.00	420.90
05/18/94	W	58887081026	HABITROL (NICOTINE)	I	30.00	89.55
05/18/94	W	00364231201	Baclofen Tabs	N	100.00	9.22
05/18/94	W	00005508462	MYAMBUTOL FC TAB 400MG 100	S	100.00	115.45
05/18/94	W	00065064835	TOBRADEX OINTMENT	S	3.50	16.69
05/18/94	W	00006336612	TIMOPTIC 0.25% OCUMETER 15ML	S	15.00	34.20
05/18/94	W	00585067502	INTAL INHA	S	100.00	31.34
05/18/94	W	00149071001	MACROBID 100MG	S	100.00	101.99
05/18/94	W	00085045803	CLARITIN TABLETS 10MG 100 PER BOTTLE	S	100.00	152.12
05/18/94	W	00085073604	VANCERIL INHALER 42MCG/DOSE 16.8GM CANIS	S	16.80	24.65
05/18/94	W	00173038742	CEFTIN 250MG TABLET 60 BOTTLE	S	60.00	153.95
05/18/94	W	00038013110	ZESTRIL 10MG 100 TAB BTL	I	100.00	66.96
05/18/94	W	00168007038	ERYTHROMYCIN OPHTH OINT 1/8OZ	N	0.13	1.57
05/18/94	W	00026851351	CIPROFLOXACIN 500MG BOTTLE/100	S	100.00	259.52
05/18/94	W	00046086481	PREMARIN TABS, 0.9 MG NDA-04-782	S	100.00	36.18
05/18/94	W	00069265072	Procardia XL (Nifedipine) Extended Release	S	300.00	286.93
05/18/94	W	00299383528	METROGEL	S	1.00	18.95
05/18/94	W	00062178115	ORTHO NOVUM 7/7/7 28 TABLETS	S	168.00	114.90
05/18/94	W	00003017850	PRAVACHOL	S	100.00	148.28
05/18/94	W	00039007810	TRENTAL (PENTOXIFYLLINE) 400MG UNIT OF U	S	100.00	43.99
05/18/94	W	00310010710	TENORMIN 25 MG 100 TAB BOTTLE	S	100.00	70.16
05/18/94	W	00085025902	VANCENASE AQ NASAL SPRAY 42MCG/ACTUATION	S	25.00	26.62
05/18/94	W	00085092402	LOTTRISONE CREAM 45GM TUBE	S	45.00	29.02
05/18/94	W	00006336712	TIMOPTIC 0.5% OCUMETER 15ML	S	15.00	40.62
05/18/94	W	00085020901	PROVENTIL SOLUTION FOR INHALATION 0.83MG	I	25.00	30.37
05/18/94	W	00029152522	BACTROBAN (MUPIROCIN) OINTMENT 2	S	15.00	11.95
05/18/94	W	00046086791	PREMARIN TABS, 0.625 MG NDA-04-782	S	1000.00	294.44
05/18/94	W	00056017270	COUMADIN	S	100.00	47.02
05/18/94	W	00029608522	AUGMENTIN (AMOXICILLIN/CLAVULANICACID) SUSP	S	150.00	20.81
05/18/94	W	00008251402	LO/OVRAL-28 TAB NDA-17-802	S	168.00	117.86
05/18/94	W	00088005161	NICODERM PATCH 14MG	S	14.00	43.36
05/18/94	W	00087058005	QUESTRAM	S	378.00	29.74
05/18/94	W	00049342030	Diflucan (Fluconazole) Oral and Parenter	S	30.00	169.95
05/18/94	W	00029485120	RELAFEN (NABUMETONE) 500MG TAB	S	100.00	80.59
05/18/94	W	00088005061	NICODERM PATCH 21MG	S	14.00	47.23

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DATE	INV TYPE	NDC	DESCRIPTION	IND	QTY	PRICE
05/18/94	W	00078008405	FIORICET TAB	N	100.00	38.68
05/18/94	W	00038013210	SESTRIL 20MG 100 TAB BTL	I	100.00	71.67
05/18/94	W	00069153066	Norvasc (amlodipine besylate) Tablets 5M	S	100.00	93.40
05/18/94	W	00005446443	MAXZIDE-25 MG TABLETS 100	I	100.00	30.84
05/18/94	W	00062535601	TERAZOL 3 CREAM	S	20.00	19.11
05/18/94	W	00364084501	Prenatal Rx Tabs	N	100.00	5.02
05/18/94	W	00228234810	PROPYLTHIOURACIL TABLETS, 50 MG	N	100.00	3.08
05/18/94	W	00088005261	NICODERM PATCH 7MG	S	14.00	40.12
05/18/94	W	00088177747	CARDIZEM SR 60MG 100CT	S	100.00	63.40
05/18/94	W	00021440123	COLYTE	I	<del>4000.00</del>	12.50
05/18/94	W	10812930001	NELANEX SOL 30MG	B	<del>2.00</del>	9.84
05/18/94	W	00086012010	ISOMETHEPTENE 65MG, DICHLORALPHENAZONE 1	I	100.00	27.85
05/18/94	W	00058251834	PILOCAR TWIN PACK OPHTHALMIC SOLUTION 4+	N	<del>30.00</del>	15.30
05/18/94	W	00093066116	ALBUTEROL SULFATE SYRUP	N	<del>12.00</del>	8.76
05/18/94	W	00029600732	AMOXIL (AMOXICILLIN) CAPSULE 500	I	500.00	61.59
05/18/94	W	00168002638	BACITRACIN OPETH OINT 1/8OZ	N	0.13	1.21
05/18/94	W	00008021201	PHENERGAN SUP 25MG NDA-10-926	I	12.00	21.87
05/18/94	W	00075130601	CALCIMAR SOLUTION 400 IU 2 ML	I	2.00	33.63
05/18/94	W	00072254003	DOVONEX	S	30.00	30.23
05/18/94	W	60322028742	NAPROXEN	N	100.00	11.33
05/18/94	W	00268030201	EPIPEN EPINEPHRINE AUTO-INJECTOR JR	S	1.00	25.34
05/18/94	W	00268030101	EPIPEN EPINEPHRINE AUTO-INJECTOR	S	1.00	25.34
05/18/94	W	00173044903	IMITREX KIT W/2 SELFDOSE PREFILLED SYRIN	S	2.00	60.67
TT T					T	INVOICE TOTAL 8099.99 ✓
						PHARMACY TOTAL 8099.99

T - Traced to invoice and each ID number, date, invoice type, drug name and quantity was correct unless changed.  
6-5-95 CBG

✓ - Verified math accuracy of invoice total and amounts agreed.  
6-5-95 CBG

HHD019-0573

HHD019-0573





## Invoice

**MCKESSON**  
 MCKESSON LANDOVER  
 7721 POLK STREET  
 LANDOVER MD 20785  
 PHONE: (800) 638-0314  
 DEA: PD0029567  
 #813

**MCKESSON**  
 SAFEMAY #1200 RX  
 1855 MISC AVE NW  
 WASH DC 20007  
 DEPT: 20785  
 CUST ID: F73500  
 DE: 4S0800753

ACCT MGR: 642  
 BILLING DATE: 5/18/94  
 0952204772  
 OEM: M L2LLZ  
 973677 110368 074 027  
 CUSTOMER ICN  
 002517138  
 INVOICE NO  
 5/18/94  
 INVOICE DATE  
 002517138  
 PAGE 2

DEPT	ITEM NUMBER	QTY	ORD UN	ITEM DESCRIPTION	STORE RETAIL	UNIT PRICE	GP	I	C	CODE	EXTENSION
AD	1106558	1	EA	PROPULSID TAB 10MG	60.00	51.50	14.2	1	R		51.50
CA	1295617	1	EA	DESOMEN OINT 0.05%	12.06	9.94	17.6	1	R		9.94
AD	2279172	1	EA	PCE DISPRTAB 33MG	65.03	53.58	17.6	1	R		53.58
AD	1187145	1	EA	PREDMISON TAB 5MG	18.13	15.34	14.2	1	R		15.34
AD	1357456	1	EA	ELAVIL TAB 10MG	18.13	15.34	14.2	1	R		15.34
AD	3446606	1	EA	ERYTHR ETH TAB 400MG MYL	22.35	14.53	33.0	1	IVR		14.53
CA	2291839	1	EA	TRIDESILON OINT 0.05%	10.29	8.83	14.2	1	R		8.83
BA	1458504	1	EA	PILLOCAR OPHT SOL 2% IOL	15.90	13.65	14.2	1	R		13.65
AD	2250348	2	EA	ISOPTIN SR TAB 240MG	124.33	106.72	14.2	1	R		106.72
AD	2187623	3	EA	PROVERA TAB 5MG	51.15	42.20	17.6	1	R		42.20
AD	2231494	1	EA	VOLTAREN EC TAB 50MG	91.13	78.20	17.6	1	R		78.20
BA	3654415	1	EA	TOBRADLEX DROP 0.3% 0.12	20.25	16.69	17.6	1	R		16.69
BE	1749787	1	EA	PROVENTIL INHALER	22.06	18.90	17.6	1	R		18.90
BE	2169829	3	EA	ALBUTEROL INHALER	47.21	38.90	17.6	1	R		38.90
AD	1466804	1	EA	SELDANE-D ER TAB	99.80	85.75	14.2	1	R		85.75
BE	1930189	2	EA	BECOMASE NASAL INHALER	28.72	24.65	14.2	1	R		24.65
AD	2231520	1	EA	VOLTAREN EC TAB 75MG	110.36	94.70	14.2	1	R		94.70
AD	1318203	1	EA	ASACOL E/R TAB 400MG	55.20	47.38	14.2	1	R		47.38
AD	3448834	1	EA	CALAN SR CAPL 180MG	108.67	93.28	14.2	1	R		93.28
AD	3499415	1	EA	SELDANE TAB 60MG	443.04	360.20	14.2	1	R		360.20
AD	2408524	1	EA	BUSPAR TAB 10MG	98.28	84.01	14.2	1	R		84.01
AD	2477941	1	EA	ZOLOFT TAB 150MG	194.41	160.20	17.6	1	R		160.20
AD	1158880	3	EA	PREMARIN TAB 0.3MG U/U	25.55	21.93	17.6	1	R		21.93
AD	3682614	3	EA	PRIOSEC CAP 20MG U/U	111.23	91.65	17.6	1	R		91.65
AD	1843499	2	EA	VASOTEC TAB 5MG	88.19	72.67	17.6	1	R		72.67
AD	3531795	1	EA	BIAXIN TAB 500MG	171.60	141.40	17.6	1	R		141.40
AD	2245132	3	EA	VIACON 7 VAG CRM 0.4%	22.26	19.11	14.2	1	R		19.11
AD	2186740	3	EA	PROVERA TAB 2.5MG	33.90	27.93	17.6	1	R		27.93
AD	1236694	2	EA	NITROSTAT SUBL TAB 0.4MG	5.92	5.08	17.6	1	R		5.08
AD	3676509	1	EA	HYTRIN TAB 5MG	117.65	96.94	17.6	1	R		96.94
AD	3201048	1	EA	PROPRINE C CAP OPH SOL 12	38.73	31.93	17.6	1	R		31.93
BA	1332162	2	EA	TYNAPTIC O/S 5% OCUMET	32.93	27.15	17.6	1	R		27.15
CA	2137594	1	EA	RETIN-A CREAM 0.1%	30.12	25.85	17.6	1	R		25.85

CONTINUED

PAGE 7

MCKESSON DRUG CO.

THIS INVOICE IS PAYABLE TO  
 AT ABOVE ADDRESS. CLAIMS MUST BE MADE WITHIN  
 FIVE DAYS AND SHOW DATE OF INVOICE.

THIS IS TO CERTIFY THAT ABOVE NAMED ARTICLES ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED,  
 MARKED AND LABELED TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

## Invoice

MCKESSON

MCKESSON LANDOVER  
7721 POLK STREET  
LANDOVER

MD 20785

#813 PHONE: (800) 638-0314  
DEA: PD0029567ACCT MGR: 042  
BILLING DATE: 5/18/94 R  
0952204122

BATCH: 002

OEM: R L2LZ

SAFEWAY #1200 RX  
1855 MISC AVE NW  
WASH

DC 20007

CUST ID: F73500  
DEA: BS0800753

973677 110368 074 027

CUSTOMER ICN  
002517138

INVOICE DATE 5/18/94 INVOICE NO.

ROUTE STOP  
PAGE 3MCKESSON'S MATERIALS  
DO NOT WRITE IN THESE SPACES  
USPS 00-000000-000

DEPT	ITEM NUMBER	QTY	UNIT	DESCRIPTION	STORE RETAIL	UNIT PRICE	CP	I	CCODE	EXTENS.
AD	1455831	1	EA	COMPazine TAB 10MG	82.90	68.31	17.6	1	R	68.31
AA	1371277	1	EA	PRELONE SYR 15MG	39.90	32.88	17.6	1	R	32.88
BE	2211795	1	EA	SEREVENT INHAL AERO	47.95	41.16	14.2	1	R	41.16
AH	1868967	1	EA	MODICON TAB DIALPAK	14.95	124.48	14.2	1	R	124.48
AA	1133917	1	EA	COLYTE BOTTLE	7.51	7.51	17.7	1	R	7.51
AD	2262445	1	EA	LITHIUM CAP 300MG	67.50	45.86	33.8	1	R	45.86
AD	1106970	1	EA	CYCLODOL TAB 10MG	75.50	18.03	16.2	1	R	18.03
AD	1161785	1	EA	DIPYRIDAM TB 25MG	39.50	16.50	56.3	1	R	16.50
AD	2438935	1	EA	METHYLCLOTH TAB	9.50	3.10	67.4	1	R	3.10
AD	2180209	1	EA	PROVERA TAB 10MG	301.19	248.18	17.6	1	R	248.18
AD	1933183	1	EA	RX-PAK LANDOXIN TAB 0.25MG	10.82	7.88	27.2	1	R	7.88
AH	2299659	1	EA	LO/OVRAL-21 PILPAK	141.33	116.45	17.6	1	R	116.45
AD	1605047	1	EA	CORTEF TAB 10MG	18.83	15.51	17.6	1	R	15.51
AD	2474021	1	EA	LOPRESSOR TAB 50MG	490.57	420.90	14.2	1	R	420.90
AD	1746528	1	EA	HABITROL PATCH 7MG	104.37	89.55	14.2	1	R	89.55
AD	1966118	1	EA	BACLOFEN TAB 10MG	32.75	9.22	11.8	1	R	9.22
BA	1322833	1	EA	HYALURONIC TAB 400MG	140.11	115.45	17.6	1	R	115.45
BA	3654423	1	EA	TOBRADOL OPTH OINT	20.25	16.69	17.6	1	R	16.69
BA	1157486	1	EA	TI-MOPTIC O/S -25% OCUMET	41.50	34.20	17.6	1	R	34.20
BE	1138262	3	EA	INITAL INHALER NEETER SPR	38.52	31.34	14.2	1	R	31.34
AD	1884498	1	EA	MACROBID CAP 100MG	118.82	101.99	14.2	1	R	101.99
AD	2144731	1	EA	CLARITIN TAB 10MG	127.23	152.12	14.2	1	R	152.12
BE	1330083	3	EA	VANCERIL INHALER	28.72	24.65	14.2	1	R	24.65
AD	2119980	1	EA	CEFTIN TAB 250MG	179.36	153.95	14.2	1	R	153.95
AD	1617653	1	EA	ZESTRIL TAB 10MG	18.01	66.96	14.2	1	R	66.96
BA	1671684	3	EA	ERYTHR O/D	4.17	1.57	62.4	1	R	4.17
AD	1467638	1	EA	CIPRO TAB 500MG	302.48	259.52	14.2	1	R	259.52
AD	2180149	1	EA	PREHARIN TAB 0.9MG	42.16	36.18	14.2	1	R	36.18
AD	2432920	1	EA	PROCARDIA XL E/R TAB 30MG	348.21	286.93	17.6	1	R	286.93
CA	3203361	2	EA	METROCEL TOP GEL .75% TUBE 102	23.00	18.95	17.6	1	R	18.95
AD	1686757	1	EA	ORITHO NOVUM 7/7/7 DIALPAK	133.86	114.90	14.2	1	R	114.90
AD	3532223	1	EA	PRAVACHOL TAB 20MG	179.95	148.28	17.6	1	R	148.28
AD	2176253	3	EA	TRENTAL TAB 500MG U/U	51.46	43.99	14.2	1	R	43.99

THIS INVOICE IS PAYABLE TO MCKESSON DRUG CO.

AT ABOVE ADDRESS. CLAIMS MUST BE MADE WITHIN  
FIVE DAYS AND SHOW DATE OF INVOICETHIS IS TO CERTIFY THAT ABOVE NAMED ARTICLES ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED,  
MARKED AND LABELED TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION

CONTINUED





## INVOICE

MCKESSON LANDOVER  
 7721 PULK STREET  
 LANDOVER MD 20785  
 PHONE: (800) 638-0314  
 DEA: PD0029567  
 SAFEMAY #1200 RX  
 1855 WISC AVE NW  
 WASH DC 20007  
 DE: BS0800753  
 CUST ID: F73500

ACCI MGR: 62  
 BILLING DATE: 5/18/94 R  
 042  
 0952204122  
 OEM: M L2LZ  
 973677 110368 074 027

BATCH: 002

INVOICE DATE 5/18/94 INVOICE NO 002517138  
 CUSTOMER ICM ROUTE STOP PAGE 5

HAZARDOUS MATERIALS  
 CODE CLASSIFICATION  
 LISTED ON REVERSE SIDE

DEPT	ITEM NUMBER	QTY	ORD UN	ITEM DESCRIPTION	STORE RETAIL	UNIT PRICE	GP	I	D	CLDE	EXTENS.
CA	1155845	1	EA	DOVONEX OINT 0.005%	35.22	30.23	14.2	1	R		30.23
AD	2718013	1	EA	NAPROXEN TAB 500MG HAM	105.31	11.33	85.2	0	1MR		11.33
DA	1189760	1	EA	EPIPEN JR 0.15MG AUTO INJECTOR	30.75	25.34	17.6	1	R		25.34
DA	1270005	1	EA	EPIPEN 0.3MG AUTO-INJECTOR	25.75	25.34	17.6	1	R		25.34
DA	1270005	1	EA	EPIPEN 0.3MG AUTO-INJECTOR	25.75	25.34	17.6	1	R		25.34
AD	1321967	0	EA	DIAGNOSIS SEQUELS 500MG	75.57	68.41	17.6	1	R		68.41
AA	3212000	0	EA	MANUFACTURER CAN NOT SUPPLY	7.01	7.01	68.4	0	1MR		7.01
	ABOVE ITEM			MANUFACTURER CAN NOT SUPPLY							
	ABOVE ITEM			MANUFACTURER CAN NOT SUPPLY							
				EA TEMPORARILY OUT - REORDER							
				ITEMS PURCHASED AT LIST ONLY - TOTAL		257.18					

ITEMS PURCHASED AT LIST ONLY - TOTAL

CATEGORY PHARMACY, RX ONLY - 1  
 S U M M A R Y  
 RETAIL \$ 12639.07 COST \$ 19.43  
 6-P: 19.43

NET PAYABLE BY SMT DUE DATE 10188.73  
 GROSS PAYABLE AFTER SMT DUE DATE 10188.73

LINES CASES PIECES  
 125 0 180

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 AT ABOVE ADDRESS. CLAIMS MUST BE MADE WITHIN  
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CONFIDENTIAL

HHD019-0578

HHD019-0578



To: Paul Chesser  
Fr: D Bonell  
DC Medicaid

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Audit Invoice

Enclosure C

Confidential

## Pharmacy Information Form

Pharmacy Name: Safeway #1200

Address: 1855 Wisconsin Ave N.W.  
Washington, D.C. 20007

Phone Number: (202) 333-6048

Contact Person: Barbara Kieby, RPh

### Type of Pharmacy (Check Appropriate Block(s))

Independent Retail Pharmacy ☐

Chain (four or more stores) Pharmacy ☒

Other:

Nursing Home Pharmacy ☐

Hospital Outpatient Pharmacy ☐

Home I.V. Pharmacy ☐

Mail Order Pharmacy ☐

County Public Health Unit Pharmacy ☐

Public Health Entity ☐